U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

1. File Number U -

3. Name and address of person filing.

Nama Roger J Struckhoff

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Fallure to comply may result in criminal prosecution, fines, or chill penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01 / 01 / 2004 Through: 12/31/20044. Name, file number, and address of labor organization.

Name Operating Engineers Local 513

| | Labor Organization File Number Ø39-895 | | |
|--|--|--|--|
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any | | |
| Street 6122 Highway T | street 3449 Hollenberg Drive | | |
| chy Augusta | on Bridgeton | | |
| State MO ZIP Code + 4 63332 | State MO ZIP Code + 4 63044-2466 | | |
| 5. Position in labor organization. Electec Trustee | e of Operating Engineers Local 55 | | |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seaking to represent. | | | |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | | |
| Name | | | |
| Trade Name, if any: | | | |
| P.O. Box, Bidg., Room No., if any | 7.b. Amount. | | |
| Street | | | |
| City | 0 | | |
| State ZIP Code + 4 | | | |
| Signature | | | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | | |
| Signed Roge & Struckhff | On 8-15-2005 <u>(-36-228-4497</u> Date Telephone Number | | |
| Enm 14 20 /2002) | D 4 -60 | | |

| of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization. | irectly to, or otherwise |
|---|---|
| 8. Name and address of Business (including trade name, if any). (Eastern Missour) Operating Engineers Name Local 513 Journey man Apprenticeship Training Program Trade Name, if any JOE Local 513 Training P.O. Box, Bldg., Room No., if any Street 75 Hwy F City Silex State MO ZIP Code + 4 63377-2613 | c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | 11.a. Nature of such dealing. Multi-employer trust fund that receives contributions on behalf of Local 513 members persuant to collective bargaining agreements |
| Street | 11.b. Approximate dollar value of such dealing. 2.321,669 |
| City State ZIP Code + 4 | 12.a. Nature of interest told or income received. See attached list. |
| | 12.b. Amount. 110, 413 |
| C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: | er parts A and B above) v or other thing of value. 14.a. Nature of payment. |
| P.O. Box, Bldg., Room No., if any | |

14.b. Amount of payment.

ZIP Code + 4

or Consultant

?

13.b. Is the Business an Employer

Street

City

State

2004 LM-30 Reporting for Roger J Struckhoff

| <u>ITEM</u> | Descripton | <u>Amount</u> |
|-------------|---|---------------|
| 1 | 4/04 Registration for New Teacher Institute | 100.00 |
| 2 | 5/04 Registration & Membership fee for ACTE | 63.00 |
| 3 | 7/04 Travel & Lodging for ACTE in Springfield, MO | 413.83 |
| 4 | 8/04 Travel & Lodging for NTI in Warrensgurg, MO | 883.85 |
| 5 | 8/04 Textbook & Tuition for 2004 Fall College Class | 594.00 |
| 6 | 2004 Wages & Bonuses (same as W-2) | 68,076.03 |
| 7 | 2004 Fringe Benefits | 40,282.72 |
| | Total for 2004 LM-30 Part 12b | 110,413.43 |

Roger is a full time instructor for OE Local 513 Training. Items 1 through 5 were required for him to maintain his Missouri Teacher's Certificate and represent his reimbursed expenses.

Roger's position as an officer of the Local 513 is an unpaid position.